



# COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

## BOARD OF SUPERVISORS

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## APPLICATION AFFIDAVIT

Effective August 1, 2005

Date: \_\_\_\_\_

Estimated Date of Closing: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Escrow #: \_\_\_\_\_

Lender Loan #: \_\_\_\_\_

**Esc. Co. Name:** \_\_\_\_\_

**Originating Lender:** Co. Name: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

**Funding Lender:** Co. Name: \_\_\_\_\_

Street: \_\_\_\_\_

### Please Check:

Is there a non-occupying Co-borrower?

☐ No

☐ Yes Name: \_\_\_\_\_

Are you also applying for a Mortgage Credit Certificate?

☐ No

☐ Yes You must apply for a MCC - if there are Funds available.

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If "NO", state reason: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Seller(s): \_\_\_\_\_ Census Tract #: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Appraisal Amount: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

1st Mortgage Interest Rate – First Year: \_\_\_\_\_ Term: \_\_\_\_\_

<b>Property Data:</b> <input type="checkbox"/> Detached <input type="checkbox"/> Attached	<input type="checkbox"/> Resale <input type="checkbox"/> New	<input type="checkbox"/> Currently Occupied <input type="checkbox"/> Not Occupied	Last Name of Current Occupant(s): _____
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Include information below for each applicant. If there are more than two applicants for this purchase, please complete and attach an additional application page 2.

Applicant #1	Applicant #2	Household												
Last Name: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<b>Total Number of Persons</b> in Household: <input style="width: 50px;" type="text"/>												
First Name: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
S.S.N. #: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Type of Household: <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married <input type="checkbox"/> Married w/children <input type="checkbox"/> Other												
Street: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
City: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
Zip: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
Home Ph: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
Work Ph: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	Dependents or other household members:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: right;">Name:</td> <td style="width: 50%; text-align: right;">Age:</td> </tr> <tr> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	Name:	Age:	<input style="width: 80%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 50px;" type="text"/>
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Occupation: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
Employer Name: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
Emp. Street: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
Emp. City, Zip: <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>													
<b>Gross Annual Income:</b> <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<b>Total Gross Annual Income of Household:</b> <input style="width: 80%;" type="text"/>												

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Married?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Title?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Note?
<input type="checkbox"/>	<input type="checkbox"/>	Will Occupy?
<input type="checkbox"/>	<input type="checkbox"/>	First Time Home Buyer?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Married?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Title?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Note?
<input type="checkbox"/>	<input type="checkbox"/>	Will Occupy?
<input type="checkbox"/>	<input type="checkbox"/>	First Time Home Buyer?

Male	<input type="checkbox"/> Asian	
<input type="checkbox"/>	<input type="checkbox"/> Black	
	<input type="checkbox"/> Hispanic	
Female	<input type="checkbox"/> White	
<input type="checkbox"/>	<input type="checkbox"/> Other	
Age: <input style="width: 50px;" type="text"/>		

Male	<input type="checkbox"/> Asian	
<input type="checkbox"/>	<input type="checkbox"/> Black	
	<input type="checkbox"/> Hispanic	
Female	<input type="checkbox"/> White	
<input type="checkbox"/>	<input type="checkbox"/> Other	
Age: <input style="width: 50px;" type="text"/>		

For Each Applicant:	
I have reviewed Pages 1 and 2 as completed and agree with the information contained on them.	
_____ Sign or Initial	_____ Date
_____ Sign or Initial	_____ Date

**TO THE HOMEBUYER:**

Thank you for your application to the County of San Diego Downpayment and Closing Cost Assistance (DCCA) Program. Completion of the application process may result in your receiving a DCCA loan. It is very important that you take time to read and sign each page of this application before your lender sends it to our office. You are certifying that you understand the Program eligibility guidelines, and believe that you meet those guidelines. Your lender will give you an information packet that should answer your questions about the program. If you have any additional questions, please contact the DCCA Program office at the County of San Diego – Department of Housing & Community Development (858) 694-8741.

I, the undersigned, as part of my application for a DCCA loan, do hereby state that I have carefully reviewed this document. I understand and agree with the answers on pages 1 and 2 of this Application Affidavit and do furthermore certify the following:

I understand and agree that the answers given on page 1 represent those people who I expect to initially share occupancy of the residence with me. I understand that my spouse, whether on title or not, is an Applicant for the DCCA Program and must sign this Application.

I certify that I am a first time homebuyer, who has not had an ownership interest in a principal residence within the three years immediately preceding the date of this application, and I do not and will not have an ownership interest in a principal residence prior to the date of loan closing. I further certify that I will submit true and complete copies of my actual signed federal tax returns for the preceding three tax years, or such other written verification that is acceptable to the Program.

I certify that the residence will be occupied and used as my principal place of residence within 60 days of the closing date of the mortgage loan. I certify that the occupancy ratio will not exceed 2 people per living space. I certify that the residence will not be used as an investment property, vacation home, or recreation home. I certify that I will notify the Program in writing if I move out of the property or rent it to others.

I certify that my income does not exceed the program income limits as explained to me by the Mortgage Lender. I understand and agree that if the DCCA Loan is issued on my behalf, it may not be transferred or assumed.

I acknowledge and understand that this Application Affidavit will be relied on for determining my eligibility for a DCCA Loan. I acknowledge that a material misstatement negligently made by me in this affidavit or in any other connection with my application for a DCCA Loan will result in the cancellation or revocation of the Loan.

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Buyer \_\_\_\_\_ Date \_\_\_\_\_

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Buyer \_\_\_\_\_ Date \_\_\_\_\_

Based upon reasonable investigation, the Lender has no reason to believe that either the Applicant or the Seller of the residence has made any negligent or fraudulent material misstatements in connection with the Applicant's application for a DCCA Loan, and submits the completed information above as accurate and true to the best of the lender's knowledge.

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Signature of Lender Representative \_\_\_\_\_ Date \_\_\_\_\_

**Legal Description.**

On a separate sheet of paper please provide the **legal description** for the property, with the heading "**Exhibit A**". Please place the Borrower's last name in the upper right corner of the page.

**"Exhibit A"**

**Legal Description**